| | U . | AUTOMATED TI SER APPLICAT | TLE SYSTEM (ION FORM | LCATS) | က် | |
|---------------------------------|---|--|--------------------------|----------|----------|--------------------------------------|
| ***** | ****** | ***** | ****** | ***** | | **** |
| Name: FI | DELITY NATION | AL TITLE IN | NSURANCE C | OMPANY | | |
| Street Addre | ss: 201 Merc | hant Street | c, Suite 2 | 100 | <u> </u> | |
| City: Hon | olulu | State | : HI Zip | Code: | | |
| | (Bus.) (808) <u>53</u> 0 | | | | | |
| User FYI No. | (2 characters/7 | digits) <u>G</u> | <u>w 5 9</u> | 4 | <u>9</u> | 8 7 |
| User ID No. | (1st 4 letters o | f last name/ | initial of f | irst and | d middl | e name) |
| | <u>C</u> <u>F</u> | N T | <u> </u> | • | | |
| Password (8 | characters or di | gits maximum |) W I S | E | | Managan Angerica - Ayemida (Managan) |
| Contact Perso | C 7.7.2 | | Tel. | | 3 536- | 0404 |
| ***** | ******* | ***** | ****** | ***** | **** | ***** |
| of Hawaii, wi | nt of Land and No.11 not accept 1 provided through | iability for | erroneous o | | | s, State |
| is for refere | on set forth in ence and is relia | able but not | | | | |
| | igned, hereby a | | | | | |
| Fidelity National Consumance Co | tional Title | | | 1 | | |
| Dohne | Dusti | | Lay | Mille | | |
| Signature of by its Vice | ~ | | Registrar o | f Conve | yances | |
| | 12/13/94 | | 12/13/9 | 4 | | |
| Date | | ************************************** | Date | | | |
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| ***** | ************ | ***** | ***** | ***** | ***** | ***** |
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FIDELITY NATIONAL TITLE **INSURANCE COMPANY**

7 WATERFRONT PLAZA STE. 400 500 ALA MOANA BLVD. HONOLULU, HI 96813

01021

59-7065/3213 015732-1

December 13

PAY TO THE ORDER OF

BUREAU OF CONVEYANCES * * *

\$ 1,100.00

* * ELEVEN HUNDRED AND NO/100 * * *

DOLLARS

Bank of America DOWNTOWN HONOLULU 6498 HONOLULU, HAWAII 96813

LCATS fee

"OO LO 21" 1:3213706551: 64982 21304"

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

FIDELITY NATIONAL TITLE INSURANCE COMPANY

| DATE | DESCRIPTION | AMOUNT |
|----------|---|------------|
| 12/13/94 | Check #01021 payable to the Bureau of Conveyances for access to the LCATS (Land Court Automated Title System) * * * * | \$1,100.00 |
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| LAND COURT AUTOMATED TITLE SYSTEM (LCATS) USER APPLICATION FORM | **** |
|--|---------------|
| | |
| Name: Cades Schutte Fleming & Wright | |
| Street Address: 1000 Bishop Street | · |
| City: Honolulu, State: HI Zip Code: 96813 | |
| Telephone: (Bus.) (808 521-9200 (Home) () | |
| User FYI No. (2 characters/7 digits) s E 8 9 4 0 1 1 | |
| User ID No. (3 characters maximum) C S F | |
| Password (8 characters or digits maximum) C S F W 1 0 0 | 0 |
| Contact Person: Sharon Elwell Tel. No. 521-9286 | |
| | |
| ************************************** | |
| The Department of Land and Natural Resources, Bureau of Conveyances, of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title System (is for reference and is reliable but not guaranteed and should be ve | Stai |
| The Department of Land and Natural Resources, Bureau of Conveyances, of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title System (| Stai |
| The Department of Land and Natural Resources, Bureau of Conveyances, of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title system (is for reference and is reliable but not guaranteed and should be ve against the actual documents. I, the undersigned, hereby agree to abide by all of the terms and | Stat LCATS |
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| The Department of Land and Natural Resources, Bureau of Conveyances, of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title system (is for reference and is reliable but not guaranteed and should be ve against the actual documents. I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16 Signature of User September 27, 1994 Date September 27, 1994 Date September 27, 1994 Date September 27, 1994 Date September 27, 1994 | Stat LCATS |
| The Department of Land and Natural Resources, Bureau of Conveyances, of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title System (is for reference and is reliable but not guaranteed and should be ve against the actual documents. I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16 (2). Signature of User September 27, 1994 September | Stat LCATS |

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No. INVOICE NO. **AMOUNT** REFERENCE 761 LCATS-Automated Title System 1,000.00 94

Conveyances

TOTAL

1,000.00

S SCHUTTE FLEMING & WRIGHT

ATTORNEYS AT LAW

1000 BISHOP STREET P. O. BOX 939 HONOLULU, HAWAII 96808

Main Office FIRST HAWAIIAN BANK Honolulu, Hawaii 59-101 1213

000761

09/27/94

EXACTLY****1000* DOLLARS AND *00*CENTS

\$1,000.00

Bureau of Conveyances CADES SCHUTTE FLEMING & WRIGHT

Frails you additional \$100

Sharon Elwell CADES SCHUTTE FLEMING & WRIGHT ATTORNEYS AT LAW

1000 BISHOP STREET P. O. BOX 939 HONOLULU, HAWAII 96808





9/29/94 SHARAN WAS NOTLEHED OF ADDITIONIST \$ 100 SHE IS TO PAY (1100 TOTAL)

Bureau of Conveyances Attention: Evelyn Ng P. O. Box 2867 Honolulu, HI 96803

181 1886

CONDESCO

10/6/94 Celled pharm - not available light measure you how to cell me so of can give logon to plant them up.

CSFWW FYT

10/7 Sharon called - I information. She reset & 5/15/95 pouron couldn't acres - Culled Anna passand &

| ************************************** |
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| ************************************** |
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| |
| Name: First Financial Title and Escrow Agency of Hawaii, Inc. |
| Street Address: Pacific Tower, 1001 Bishop St., Ste 2850 |
| City: Honolulu State: HI Zip Code: 96813 |
| Telephone: (Bus.) (808) 536-2900 (Home) () |
| User FYI No. (2 characters/7 digits) A F 4 8 9 2 1 4 3 |
| User ID No. (1st 4 letters of last name/initial of first and middle name) |
| C F F F A H |
| Password (8 characters or digits maximum) MAHIMAHI |
| Contact Person: Charles Dietz Tel. No. (809) 536-2900 |
| ************************ |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Signature of User Tom E. Paschen Registra 6/100) Sant men upple |
| Signature of User Tom E. Paschen President Registra (100) Sent paperwork |
| to pune the fil. |
| 9/9/94 9/21 Copy living to deat |
| Signature of User Tom E. Paschen President 9/9/94 Date Registra (100) Sent psperwork to Dave + Or Fu. Date To Charles also (1016) |

applicable and also in accordance with chapter 490, HRS. [Eff] [0 1 1991] (Auth: HRS chapter 490) (Imp: HRS chapter 490)

\$13-16-32 Sale of computerized information. Any party interested in subscribing to computerized information through remote (dial-up) means or magnetic tapes shall be charged per month, \$100 plus a per minute charge after the first fifteen minutes of each log on. If subscription is through remote access the initial cost for hookup shall be added to the first month's charge. If subscription is for magnetic tapes the magnetic tapes required to furnish the information shall be provided by the subscriber. It is understood by the subscriber that the raw data provided shall not be sold, nor shall exact copies or duplicates of the raw data or portions thereof be sold or otherwise disseminated without the express written permission of the registrar. This does not prohibit the sale for profit by the subscriber of a value-added information product which incorporates, or is derived from, the raw data. [Eff] 0 1 1001] (Auth: HRS \$502-25) (Imp: JUL 0 1 1991 HRS \$502-25)

Here's me check

INANCIAL TITLE AND ESCHOW AGENCY

All, INC.

1) 536-2900

3HOP STREET, SUITE 2850

JLU, HI 96813

BANK OF AMERICA **BRANCH #6498**

HONOLULU, HI 96813

One Thousand One Hundred and No/100 Dollars

000100

59-7065/3213

Check Date

Check Amount

09/30/94

*****\$1,100.00

Check Void After 90 Days

EAU OF CONVEYANCES

Jack W.c. Wor

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before setting up

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303121

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+ GIVE US PASSWORD.
4 Check you 1100.



SANDRA N.S. FURUKAWA

TELEPHONE (808) 587-0146 FAX (808) 587-0136

DEPARTMENT OF LAND AND NATURAL RESOURCES BUREAU OF CONVEYANCES

P. O. BOX 2867 HONOLULU, HAWAII 96803

"LCATS PRINTING" SOFTWARE LICENSE AGREEMENT

This is to certify that I, the undersigned, am authorized to receive the "LCATS Printing" software and hereby release the State of Hawaii, their officers, employees, and agents from and against all liability, loss, damage, cost, and expense relating to the use of this software. By accepting the software I agree to the following:

- 1. The "LCATS Printing" software shall be used on a single computer. The software shall be in "use" on a computer when it is loaded into temporary (RAM) memory or installed into permanent (hard disk, CD-ROM, etc.) memory of that computer or when it is installed in a network server for exclusive "use" on a single computer.
- 2. The "LCATS Printing" software shall be owned by the State of Hawaii and shall not be rented, leased, sold, copied, or otherwise transferred without the written approval of the State of Hawaii, except one copy shall be permitted to be used exclusively for backup or archival purposes.

By signing this Agreement, I agree to its terms and conditions, and acknowledge that I have received a copy of the "LCATS Printing" software.

| FIRM NAME | First Financial Title and Escrow Age | ency of | Hawaii, | Inc. |
|-----------|--------------------------------------|---------|---------|---------|
| SIGNATURE | 1 N N | | | |
| TITLE | Tom E. Paschen, President | | | |
| DATE | October 24, 1994 | | | |
| | | | 9.0 | Q 1 9 1 |

303123

Diskette Size: 3.5"

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| | FCC PDW SCM | Freddie CS Chan OLD REPUBLIC TITLE AND E Sanford Monji | NTN | Neil T Nakamura Title Grnty TI of Hawaii | |
| Item (9) Copy (14) Re | | | | | |
| (3) Last Prev. Item | _ | (11) | Exte dar | rnal Copy (15) Print (16) Exit | 5 |

Folder: Mailbox Thursday 09/23/93 09:

To: Sandra N.S. Furukawa From: Bradley M. Char

Subject: DBFVS2 Modifications Date: 09/17/93

Sandra, 9/17/93

I have modified the operator privilleges for the following users. T accounts no longer have access to the operator menu. If you have any que or problems please let me know.

| XAC | Public Access Profile | FHT | First HI Title |
|-----|--------------------------|-----|------------------|
| TCT | 1st Amercn Title | HMK | Harriet Kagawa |
| ARH | Andy R Harada | ITC | Island Title Crp |
| DAT | Daisy Tsujimura | KYT | Ken Y Tomita |
| FCC | Freddie CS Chan | NTN | Neil T Nakamura |
| PDW | OLD REPUBLIC TITLE AND E | TG1 | Title Grnty |
| SCM | Sanford Monji | TIH | TI of Hawaii |

Item (9) Forward (13) Instructions
Copy (14) Recipients
(3) Last (11) External Copy (15) Print

Prev. Item (8) Delete Memo (12) Calendar (16) Exit

Folder: Mailbox Thursday 09/23/93 09:

To: Sandra N.S. Furukawa From: Bradley M. Char

Subject: DBFVS2 Modifications Date: 09/17/93

Lines
SCM Sanford Monji TIH TI of Hawaii

SSA Wilford Chin TTM Thomas T Miyata STC Security Title

13

303124

Logging Into %LCATS:

MESSAGE

- 1. Log into FYI using QUORUM, CTLINK, or PROCOMM, etc.
- 2. Once connected a blank screen will appear. Hit the ENTER key twice and wait for letters to appear letters appear.
- 3. To use the LCATS service, you will have to be a registered user.
- 4. After a few seconds of waiting, the FYI welcome screen will appear. You will then have to enter your user id: XX9999999 (X=letter, 9 = num). FP2341234 is an example of a user id number.
- 5. Hit ENTER to reach the next field which will say PASSWORD:. At this field you must enter the password that you created when you registered for the gateway user id. (The gateway user id looks like FP2341234).
- 6. Once completed, either a broadcast screen or the main menu will appear. Hit ENTER to bypass the broadcast screen. The main menu will appear next. At the menu, type %LCATS at the bottom of the screen.
- 7. Once completed, a service description screen will appear. Type 2 and hit ENTER if using procomm or F8 if using QUORUM/CTLINK.
- 8. You will then be in LCATS. The service will then prompt you for your user id. Type in your three letter id (e.g. TTT). You will then be prompted for a password. Type in your password and you will be able to use LCATS as you did before.

Pebruary 28, 1992

MEMORANDUM

TO:

Information & Communication Services Division

Attn: Sue

THRU:

David Wharton, DLAR DP Co-ordinator

PROM:

S. Purukawa, Registrar

SUBJECT:

Hawaii PYI

As requested the following list are subscribers to the Land Court Automated Title System (LCATS):

| Company/Contact | Account | LCATS ID | Hawail FYI ID | <u>Phone</u> |
|---|---------|----------|---------------|----------------------|
| Hawaii FYI Arthur Koga | 90960 | | SVMM90960 | 586-4636 |
| First American Theone Pujii | 59278 | TCP | MTTR59278 | 524-4050 |
| Founders Title Patrick Woods | 205001 | PDW | SWIM17596 | 536-0842 |
| Long & Melone Guy Inouye Frances La Madrid | 103001 | Lan | PVWL00444 | 526-6145 |
| Title Guaranty Cynthia Nakaya Jerry | | TG TG | | 533-6261 533-6261 |
| Pirst Hawaii Title Gary Wise Cordell Bishop | 2215001 | PHT | PSSR50060 | 521-3411 943-0244 |
| , | | | 303 | 126 |

Memo to ICSD Page 2 Pebruary 28, 1992

| And the springs | Company/Contact | Account | LCATS ID | Hawaii FYI ID | Phone |
|------------------------------|--------------------------------|----------|-------------|---------------|--|
| Commence than the control of | TI Hawaii David W Daignault | | TIH | MSPT73414 | 526-3571 |
| | Security Title Brad Ishida | 8972001 | STC | | 521-9511 |
| #10 | -Imperial Hawaii Jon Seavey | | INR | JCS1217 | 923-1827 |
| • | Bureau of Conveyances | | | | * |
| | Sandy Purukawa | 17439001 | POC | OOLT75810 | 587-1048 |
| | Curtis Ramsey | 1744001 | BCC | Vimi79738 | 587-0123 |
| · | | 1745501 | BCC | WWW87800 | The second section of the sect |
| | | 17456001 | BOC | QVQT74135 | |
| | | 17452001 | EXC | NORH92853 | |
| | | 17457001 | 8X C | RSQP37579 | |

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Part Cahus gr 26905001

City & Country

Carlameth

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541-1150



SANDRA N.S. FURUKAWA REGISTRAR OF CONVEYANCES

TELEPHONE (606) 548-3929

STATE OF HAWAII

DEPARTMENT OF LAND AND NATURAL RESOURCES BUREAU OF CONVEYANCES

P. O. BOX 2867
HONOLULU. HAWAH 96803
June 1, 1992

TO:

Al Fu, FYI Co-ordinator

FROM:

S. Furukawa, Registrar

SUBJECT:

New Users

| USER | ID Number | ID | PASSWORD | PHONE |
|---------------------|-----------|---------|----------|----------|
| Rodolfich Patricia | WFB0017 | PFR | PAT | 527-5086 |
| Aiu Jennifer | WFB0043 | JKA AJK | EDMUND | 527-5834 |
| TSUJIMURA Daisy | WFBOO42 | DAT | DAISY | 523-4244 |
| UESUGI Jane | WFB0024 | JTU | FUNIFUNI | 527-5076 |
| DALIT Peaches | WFB0026 | PUD | FREDJAKE | 527-5313 |
| FUJIMOTO Nalani | WFB0025 | NEC | AMKF2468 | 527-5333 |
| KAUAI-LYNCH Frances | WFB0034 | FTK | RAHELA | 527-5308 |
| KANE Helen | WFB0039 | HKK | CHELENHK | 527-5327 |
| KIYABU Jenny | WFB0027 | JSK | CHELSEA | 527-5313 |
| MONJI Stanford | WFB0005 | SCM | 92650624 | 523-4659 |
| UMEDA Sharon | WFB0028 | SMU | ADEMUSSK | 527-5333 |
| CHUN Itoko | WFB0016 | IKC | IKCHUN | 527-5096 |
| LUM Robert | WFB0002 | RCL | RCYL | 527-5068 |
| SALES Emmanuel Sr | WFB0032 | ESS | M14NYS | 527-5304 |
| KAGAWA Harriet | WFB0031 | HMK | TOCHI | 523-4155 |
| CHUN Stephen | WFB0030 | SMG-CSM | ONEAGENT | 523-4358 |
| BROWNE Mary | WFB0029 | MEB | DODIE | 523-4241 |

The above listed are new users for the LCATS program attached to DBFVS2. They should be assigned to LNR Conveyance 9 security level with the same profile XAC.

Please notify me when the new users have access. Should you have any questions call me at Ext 7-0148.

CC: David Wharton, DLNR Co-ordinator Charles Tarney, ICSD Security 303128

Department of Land & Natural Resources BUREAU OF CONVEYANCES

NOTICE: This is provided through the Public Access System, State of Hawaii.

WARNING: Users of the LCATS system are being charged a statutory amount based on a monthly flat fee and a per minute use charge with the first 15 minutes at no charge. Please be conscious of your use of the system and keep your password discrete to your Company.

Press [RETURN] to continue

State of Hawaii - ICS Division Honolulu, HI

Press PF 28 for Copyright, Trade Secret, and License Information ALT-F10 HELP VT-100 FDX 2400 E71 LOG CLOSED PRT OFF CR

Land Court Automated Title System (LCATS)
Department of Land & Natural Resources
BUREAU OF CONVEYANCES

2) ************* WELCOME ***********

- 1) Inquire Certificate of Title
- 2) Inquire Power of Attorneys
- 3) Inquire Trustees
- 4) Inquire Firm Name Change
- 99) To exit LCATS

Enter number from above, then press [RETURN]:

Company: LNR Application: K03 00 User: XAC Tuesday 05/26/92 11:39

ALT-F10 HELP " VT-100 " FDX " 2400 E71 " LOG CLOSED " PRT OFF " CR " CR

Use XAC for jurfile for new mours

303129

JUDICIARY LCATS MENU

Land Court Automated Title System (LCATS) Department of Land & Natural Resources / Bureau of Conveyances

PF Key Task Description

- 1) Inquire CT
- 2) Inquire P/A File
- 3) Inquire Trustee File
- 4) Inquire Firm Name Change

(ENTER) Exit LCATS

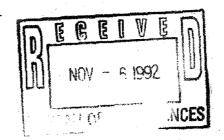
State of Hawaii - ICS Division Honolulu, HI

Press PF 28 for Copyright, Trade Secret, and License Information ALT-F10 HELP ° VT-100 ° FDX ° 2400 E71 ° LOG CLOSED ° PRT OFF ° CR ° CR

| Name MARY BROWN | E | | |
|--|---|---|---------------------------------|
| Street Address | Division of Land | Survey & Acqu | isition - Negotiat |
| ************************************** | 650 S. King Stree | | |
| City Honolulu | State_Hawaii | zip | Code 9681/3 |
| relephone number: | Business (808) <u>523</u> | 3-4241 Home | |
| Jser ID Number WFBO | 029 | | |
| Jser ID (3 characte | maximum, first | middle, last | Initials): <u>MEB</u> |
| Password (8 characte | ers or digits maxi | mum): <u>Doole</u> | |
| relephone number at | which user can be | reached when | logged on: Bus. |
| ********* | | | |
| Conveyances, State of erroneous or incorreneous or incorreneous. The information set System (LCATS) is for the end of th | forth in the Land or reference and i | ovided through Court Automa s reliable by | th electronic ated Title it not |
| guaranteed and shoul | .d be verified aga | inst the acti | lai documents. |
| I, the undersigned, and conditions as started as 13-16-32. | | | |
| Mary & Prown Signature of User | | Junhana of Conveyan | |
| signature of User | Registra | of Conveyan | ces |
| 5-26-92 Date | | 92 | 303131 |
| ate | Date | | |

1-Dane 2-De Ju - ICSD 3-Craig - HFVI

| ******************** |
|---|
| LAND COURT AUTOMATED TITLE SYSTEM (LCATS) USER APPLICATION FORM |
| ******************** |
| Name: Carlsmith Ball Wichman Murray Case Mukai & Ichiki |
| Street Address: 1001 Bishop Street, Suite 2200, |
| City: Honolulu State: HI Zip Code: 96813 |
| Telephone: (Bus.) (808) 523-2583 (Home) (808) |
| User FYI No. (2 characters/7 digits) <u>K T 1 9 4 2 4 9 4</u> |
| User ID No. (3 characters maximum) \underline{K} \underline{Y} \underline{T} |
| Password (8 characters or digits maximum) C B W M C M I |
| Contact Person: Kenneth Y. Tomita Tel. No. 523-2583 |
| Plafet L A. C |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Kerneth Y. Tomito Signature of User Registrar of Conveyances |
| may 25, 1993 Date Date Date Date Date Date Date |
| Date Date |
| ****************** |



| Name | Ken Tomita Carlsmith | Ball Wichman | Murray C | lase Mukai | & Ichiki | | |
|--|--|--|------------------------------------|---|--|--|-----------------|
| Street | Address_ | 1001 Bishop | Street, F | Pacific To | wer, Suite | 2200 | |
| City_ | Honolulu | St | ate | HI | zi | p Code_ | 96813 |
| Telepho | ne number | : Busine | ss (808 |) 523-258 | 3 Hom | e (808) | 947-0865 |
| User ID | Number_ | 3565 | | | | | |
| User ID | (3 chara | cter maxi | mum, fi | rst midd | le, last | initia | ls): KYT |
| Passwor | d (8 char | acters or | digits | maximum |): CBWMC | MI | |
| Telepho | ne number | at which | user ca | an be re | ached wh | en logge | ed on: 523-2799 |
| The Dep Conveya erroneo media. The inf System | nces, Staus or incomment or mation (LCATS) i | f Land ante of Haw orrect in set forth | aii will formation in the grence a | al Resou l not ac on provi Land Co and is r | cept liaded through the decimal decima | reau of bility fugh electron mated Tibut not | or etronic |
| I, the | undersign ditions a | hould be sed, hereby s stated | y agree | to abid | e by all | of the | terms |
| Kln Signatu 11/2/ Date | tom te re of Use | reconstruction of the second o | | Soul strar of -10-92 | Conveya | nces | 303133 |

| | | | | • | |
|---|--|----------------------|--------------------|------------|--------|
| Name FREDDIE C. S | CHAN, Chief | | | | 1 . |
| Street Address 650 | South King Street, 12th | Floor | | | |
| City Honolulu | State Hawaii | Zip | Code | 96813 | |
| Telephone number: | Business (808) 523-4579 | Home | ()_ | | |
| User ID Number WF | ъ0003 | | | | |
| User ID (3 characte | er maximum, first middle | , last | nitials |):_FCC | |
| Password (8 charact | ers or digits maximum): | FRED | | | |
| Telephone number at | which user can be reac | had wher | logge | on same | as abo |
| | *********** | | | | |
| Conveyances, State | and and Natural Resource of Hawaii will not accep ect information provided | pt liabi | lity fo | ronic | |
| System (LCATS) is f | forth in the Land Court or reference and is related ld be verified against t | lable bu | t not | | |
| I, the undersigned, and conditions as s 13-16-32. | hereby agree to abide be tated in the Hawaii Admi | oy all o inistrat | f the t ive Rul | erms es | |
| Auffiche Che | S French de | ur- | | | |
| ignature of User | Registrar of Co | nveyanc | es | | |
| August 5, 1992 | 8-13-92 | ••• | | | |
| ate | Date | | 3 | 113131 | |

| Name ITOKO CHUN |
|---|
| Street Address |
| City Honolulu State Hawaii Zip Code 96813 |
| Telephone number: Business (808) 527-5096 Home (808) 946-8190 |
| User ID Number WFB0016 |
| User ID (3 character maximum, first middle, last initials): $1 \times C$ |
| Password (8 characters or digits maximum): IK CHUN |
| Telephone number at which user can be reached when logged on: 527-5 |
| *********************** |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Signature of User Registrar of Conveyances |
| Signature of User Registrar of Conveyances |
| May 26, 1992 6-1-92 303135 |

| Name STEPHEN CHU | N | |
|--|---|---|
| | | & Acquisition - Negotiation |
| | State Hawaii | |
| Telephone number: | Business (808) <u>523-43</u> | <u>58</u> Home () |
| User ID Number WF | воозо | |
| User ID (3 charact | er maximum, first middle | e, last initials): <u>SMC</u> |
| Password (8 charac | ters or digits maximum) | ONEAGENT |
| Telephone number a | t which user can be read | ched when logged on: $523-4$ |
| Conveyances, State | Land and Natural Resource of Hawaii will not accorded to the contraction provided to the contraction of the contraction | ept liability for |
| System (LCATS) is | t forth in the Land Cou for reference and is re uld be verified against | liable but not |
| I, the undersigned and conditions as 13-16-32. | , hereby agree to abide stated in the Hawaii Adr | by all of the terms ministrative Rules |
| Marken Chum Signature of User | Registrar of (| han_ Conveyances |
| May 26, 1992 | 6-1-92 | 303136 |
| Jate / | nata | |

| | ፕቱ ድግ <i>ለ ልግ</i> ፑፑ ፕግ | d Datem | | are a | |
|---------------|-------------------------|---|--|--|------------------|
| Name | PEACHE | | Land Survey 8 | Acquiaition | _ Abstract |
| Street | Address | 650 S. King | Street, 12th | Floor | - Apoliace |
| | | | Hawaii | | |
| Telepho | one number: | Business (| 808 <i> 527-5313</i> | Home () | UNLISTED |
| User II | Number WF | в0026 | | | |
| User II |) (3 charact | ter maximum, | first middle | , last initia | 1s): PUD |
| Passwor | d (8 charac | cters or dig | its maximum): | FREDTAKE | |
| | | | r can be reach | | 527-53 ed on: |
| | | | | | |
| conveya | inces, State | of Hawaii | tural Resource will not accep ation provided | t liability | for |
| System | (LCATS) is | for referen | the Land Court ce and is reli fied against t | lable but not | |
| the and con | ditions as | l, hereby ag stated in t | ree to abide k he Hawaii Admi | oy all of the inistrative R | terms ules |
| Perch | Nout | , | Shunhar egistrar of co | ~~~ | |
| ignatu | re of User | B | egistrar of Co | nveyances | |
| 722/9 | 2 | | 6-1-92 | | |
| 922/9 late | | D | 6-1-92 ate | Andrew Control of the | 303137 |

| ************************************** |
|---|
| USER APPLICATION FORM |
| |
| Name: FIRST AMERICAN TITLE COMPANY OF HAWAII, INC. |
| Street Address: 923 Nuuanu Avenue |
| City: Honolulu State: HI Zip Code: 96817 |
| Telephone: (Bus.) (808) 524-4050 (Home) () |
| User FYI No. (2 characters/7 digits) <u>F F 7 5 0 4 0 0 5</u> |
| User ID No. (3 characters maximum) T C T |
| Password (8 characters or digits maximum) N U U A N U |
| Contact Person: Theone Fujii /Teri Gomes Tel. No. 524-4050 |
| *********************** |
| |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| 1, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| FIRST AMERICAN TITLE COMPANY OF HAWAII, INC. |
| Signature of User Registrar of Conveyances |
| Its President |
| May 24, 1993 5-X43 |
| Date Date |
| ********* |
| 125 - change set to Dane & al |
| 303138 |

| Name NALANI FUJIMOTO | |
|--|--|
| Division of Land Su Street Address 650 South King Stre | urvey & Acquisition-Abstract eet, 12th Floor |
| City _{Honolulu} State Hawaii | i Zip Code 96813 |
| relephone number: Business (808) | <u> Номе () инистер</u> |
| Jser ID Number WFB0025 | |
| User ID (3 character maximum, first | middle, last initials): NEC |
| Password (8 characters or digits max | inum): AMKF 2468 |
| Telephone number at which user can b | we reached when logged on: $\underline{527}$ |
| ************* | *********** |
| The Denartment of Land and Natural D | ecources Bureau of |
| The Department of Land and Natural R Conveyances, State of Hawaii will no erroneous or incorrect information p media. The information set forth in the Lan System (LCATS) is for reference and guaranteed and should be verified ag | ot accept liability for provided through electronic and Court Automated Title is reliable but not |
| Conveyances, State of Hawaii will no erroneous or incorrect information p media. The information set forth in the Lan System (LCATS) is for reference and | ot accept liability for provided through electronic and Court Automated Title is reliable but not gainst the actual documents. |
| Conveyances, State of Hawaii will no erroneous or incorrect information p media. The information set forth in the Lan System (LCATS) is for reference and guaranteed and should be verified ag I, the undersigned, hereby agree to and conditions as stated in the Hawai 3-16-32. Luland Japan to | ot accept liability for provided through electronic and Court Automated Title is reliable but not painst the actual documents. abide by all of the terms and Administrative Rules |
| Conveyances, State of Hawaii will no erroneous or incorrect information p media. The information set forth in the Lan System (LCATS) is for reference and guaranteed and should be verified ago. I, the undersigned, hereby agree to and conditions as stated in the Hawaii3-16-32. Mulay Jupuste Signature of User Registra | ot accept liability for provided through electronic and Court Automated Title is reliable but not gainst the actual documents. abide by all of the terms and Administrative Rules |
| Conveyances, State of Hawaii will no erroneous or incorrect information p media. The information set forth in the Lan System (LCATS) is for reference and guaranteed and should be verified ag I, the undersigned, hereby agree to and conditions as stated in the Hawai 3-16-32. Luland Japan to | ot accept liability for provided through electronic and Court Automated Title is reliable but not gainst the actual documents. abide by all of the terms and Administrative Rules |

Amperial Reinstated Exercise now Belling July 1, 1996 9217560

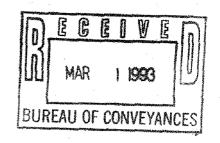
| ************************************** |
|---|
| Name: JAMES Pritchett Yor Imperial Hewaii Resort |
| street Address: 205 Lewers St. |
| City: Honolulu State: HI Zip Code: 96815 |
| Telephone: (Bus.) (808) 921-7534 (Home) () |
| User FYI No. (2 characters/7 digits) 1 C 4 4 3 9 0 2 4 |
| User ID No. (3 characters maximum) IHR |
| Password (8 characters or digits maximum) IMPERTAL |
| Telephone number user can be reached when logged on. |
| ************************ |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Signature of User Registrar of Conveyances |
| signature of User Registrar of Conveyances |
| 10/8/93 10-12-93 Date |
| Date // Date |
| *************** |

applicable and also in accordance with chapter 490, HRS. [Eff] [0 1 1991] (Auth: HRS chapter 490) (Imp: HRS chapter 490)

\$13-16-32 Sale of computerized information. Any party interested in subscribing to computerized information through remote (dial-up) means or magnetic tapes shall be charged per month, \$100 plus a per minute charge after the first fifteen minutes of each log on. If subscription is through remote access the initial cost for hookup shall be added to the first month's charge. If subscription is for magnetic tapes the magnetic tapes required to furnish the information shall be provided by the subscriber. It is understood by the subscriber that the raw data provided shall not be sold, nor shall exact copies or duplicates of the raw data or portions thereof be sold or otherwise disseminated without the express written permission of the registrar. This does not prohibit the sale for profit by the subscriber of a value-added information product which incorporates, or is derived from, the raw data. [Eff JUL 01 1991] (Auth: HRS \$502-25) (Imp: HRS \$502-25)

| LAND COURT AUTOMATED USER APPLIC | |
|---|-------------------------------|
| ********* | ********** |
| ame: Chaney, Brooks + Co | or Impulal Hava! Resort |
| reet Address: 205 Lewess | A. |
| ity: Honolulu Sta | te: <u>#</u> Zip Code: 96815 |
| elephone: (Bus.) $(POR) \sqrt{92(-773)}$ | (Home) () |
| ser FYI No. (2 characters)7 digits | IC 44 89 024 |
| ser ID No. (3 characters maximum) $/$ $\underline{\mathcal{I}}$ | EHR / |
| assword (8 characters or digits maxim | ILM) IMPERIAL |
| elephone number user can be reached w | then logged on some at above |
| ****** | |
| | () |
| he Department of Land and Natural Res of Hawaii, will not accept liability f Information provided through electroni | or erroneous or incorrect |
| the information set forth in the Land is for reference and is reliable but n against the actual documents. | |
| I, the undersigned, hereby agree to ab conditions as stated in the Hawaii Adm | |
| frogerty Manager | Advingagistrar of Conveyances |
| Afghature of User | PA*/Registrar of Conveyances |
| 9/7/97 | 9-23-93 |
| Date | Date |

| LAND COURT AUTOMATED USER APPLI | CATIO | n form | • • | | | *** | | |
|--|--------|-------------|---------------------------------------|------|-------|------|---|---------|
| | | | | | | | | |
| Name: Guy Inouye | | | | | - | | · | , Marie |
| Street Address: 333 Queen Street, | Suite | 500 | · · · · · · · · · · · · · · · · · · · | | | | , | |
| City: Honolulu St | tate: | HI | zip Co | de: | 96 | 813 | | |
| Telephone: (Bus.) (808) 536-3866 | | (Home) | (808) | 45 | 5-76 | 37 | | |
| User FYI No. (2 characters/7 digits) | G | <u> 1 3</u> | 7 | 7 | 8 | 4_ | 4 | 9 |
| User ID No. (3 characters maximum) | | | | | | | | |
| Password (8 characters or digits maxi | imum) | L M | T | I | т | L | E | |
| Contact Person: Guy Inouye/ Lisa No | , | | | , | | | | |
| The Department of Land and Natural Re of Hawaii, will not accept liability information provided through electron | esourc | es, Bur | eau o | E Co | onvey | ance | | |
| The information set forth in the Landis for reference and is reliable but against the actual documents. | | | | | | | | |
| I, the undersigned, hereby agree to conditions as stated in the Hawaii A | | strativ | Rule | | | | | |
| | • | | 2 | | • | | | |
| Si chabling of Hebr | · . | Pagi at v | MUV | CON | W/ | | | ~ |
| Signature of User | Ī | Registr | not of | Conv | /eyar | noes | | |

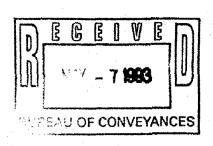


| Subscription Information |
|--|
| INTERNAL REVENUE SERVICE Name (Paul C. Akeo Jr Contact person) |
| Street Address300 Ala Moana Blvd, #50089 |
| City Honolulu State Hawaii Zip Code 96850-4992 |
| Telephone number: Business (808) 541-1150 Home () |
| User ID Number LNVS62265 Account No. 000026905001 |
| User ID (3 character maximum, first middle, last initials): PCA |
| Password (8 characters or digits maximum): CHANTEL |
| Telephone number at which user can be reached when logged on: 541- |
| ********************* |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Signature of User Registrar of Conveyances |
| February 23, 1993 Much 9 1993 303145 |
| Date Date |



| ************************************** |
|---|
| USER APPLICATION FORM |
| *************************************** |
| Name: Island Title Corporation |
| Street Address: 1132 Bishop St. Suite 400 |
| city: Honolulu state: H1 Zip Code: 96813 |
| Telephone: (Bus.) (808) 531-034 (Home) () |
| User FYI No. (2 characters/7 digits) $\underline{1} \underline{C} \underline{9} \underline{7} \underline{7} \underline{3} \underline{9} \underline{6} \underline{5}$ |
| User ID No. (3 characters maximum) <u>II I C</u> |
| Password (8 characters or digits maximum) <u>GENEGIS</u> |
| Contact Person: Jennie Promos Tel. No. 539-7520 |
| or Nadine Ogoto 539-502 |
| |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| 1, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Alexander Schulkara |
| Signature of User Registrar of Conveyances |
| 6-9-93 |
| Date Date |
| ********************* |

LNR.9



| LAND | COURT A | AUTOMATED | TITLE | SYSTEM | (LCATS) | |
|------|---------|------------|--------|--------|---------|--|
| | υ: | SER APPLIC | CATION | FORM | | |

| Subscrip | otion Information |
|--|--|
| Name Island Title Corporati | lon |
| Street Address 1132 Bishop Str | eet, Suite 400 |
| | HI Zip Code 96813 |
| Telephone number: Business (| 808) 531-0261 Home () |
| User ID Number RRVW91316 | FYI ACCT #000025044001 |
| User ID (3 character maximum, | first middle, last initials): |
| Password (8 characters or dig | its maximum): Genesis |
| Telephone number at which use | r can be reached when logged on: $\frac{531-0261}{}$ |
| ********* | ******* |
| The Department of Land and Na Conveyances, State of Hawaii erroneous or incorrect inform media. | tural Resources, Bureau of will not accept liability for ation provided through electronic |
| System (LCATS) is for referen | the Land Court Automated Title ce and is reliable but not fied against the actual documents. |
| I, the undersigned, hereby ag and conditions as stated in the state of | ree to abide by all of the terms he Hawaii Administrative Rules |
| By: Fth | langheleson . |
| Signature of User R May 6, 1993 | egistrar of Conveyances 303147 |
| | ate |

Sent to Dave - wary

JENNIE N. RAMOS
Assistant Vice
President
Director of
Training



Issuing Policies of Stewart Title Guaranty Company

Sunctity of Contract

ISLAND TITLE CORPORATION

| REFERENCE NO. | DATE | AMOUNT | DESCRIPTION |
|---------------|---------|-------------|-------------------------------|
| | | | |
| | 5/05/93 | \$ 1,000.00 | Hook-up Fee to LCATS |
| | | | - 7 1993 UREAU OF CONVEYANCES |

ISLAND TITLE CORPORATION

ISLAND TITLE CORPORATION

1001 Bishop Street • Pauahi Tower • Suite 600 Honolulu, Hawaii 96813 CITY BANK MAIN BRANCH HONOLULU, HAWAII <u>59-169</u> 1213

020381

| CHECK DATE | CHECK NO. | AMOUNT | |
|------------|-----------|-------------|--|
| 5/05/93 | 20381 | \$ 1,000.00 | |

PAY TO THE ORDER OF

ONE THOUSAND DOLLARS AND NO CENTS----

Bureau of Conveyances

ISLAND TITLE CORPORATION

#0203B1# #121301691#

01...383450...01

303148

| Name <u>Helen Kane</u> | Division of Land Cury | vey & Acquisition- Abstract |
|----------------------------------|---|-----------------------------|
| Street Address | 650 S. King Street, | |
| City Honolulu | State Hawaii | Zip Code 96813 |
| relephone number: Bu | siness (808) <u>527-53</u> | 27 Home (808) 259-7019 |
| Jser ID Number WFB | A contract of the contract of | |
| Jser ID (3 character | maximum, first middle | e, last initials): HKK |
| | s or digits maximum); | |
| | | ched when logged on: 527-53 |
| erroneous or incorrect nedia. | c information provide | ed through electronic |
| | orth in the Land Cour | |
| | reference and is rel be verified against | the actual documents. |
| | ereby agree to abide ted in the Hawaii Adm | |
| Helew Kkans | Shunh Registrar of C | dur |
| ignature of User | Registrar of C | conveyances |
| May 26, 1992 | 6-1-92 | 303149 |
| atel | Date | |

| Name Frances Ka | | |
|--|---|---|
| Street Address | Division of Land Survey 650 S. King Street, 12tl | & Acquisition - Abstract Floor |
| City Honolulu | State Hawaii | Zip Code 96813 |
| Telephone number: | Business (808) *527-53 | ○ § Home () |
| User ID Number | VFB0034 | |
| User ID (3 charac | ter maximum, first middl | e, last initials): FTK |
| Password (8 chara | cters or digits maximum) | : RAHELA |
| Telephone number | at which user can be rea | ched when logged on: * |
| _ | | |
| Conveyances, State | Land and Natural Resour e of Hawaii will not acc rrect information provid | ept liability for |
| System (LCATS) is | et forth in the Land Cou for reference and is re ould be verified against | liable but not |
| I, the undersigned and conditions as 13-16-32. | d, hereby agree to abide stated in the Hawaii Ad | by all of the terms ministrative Rules |
| frens Tokawai Signature of User | Registrar of | Conveyances |
| 5/26/92 Date | | 00000 |
| ate | Date | |

| Name | HARRIET | KAGAWA | | | | |
|----------------------|------------|-------------------------|----------------------------|--|----------------|----------------|
| Street | Address | Division of 650 S. King | f Land Surv g Street, l | ey & Acquisit 2th Floor | ion - | Negotiatio |
| City | Honolulu | State | Hawaii | Zip C | ode | 96813 |
| relepho | ne number: | Business | (808) <u>523-</u> | 4155 Home (| 308) _ | 396-0237 |
| Jser II | Number V | /FB0031 | | | | |
| User II | (3 charac | ter maximum | , first mid | dle, last in | itial | s): <u>HMK</u> |
| Passwor | d (8 chara | cters or die | gits maximu | m): TOCHI | | |
| relepho | ne number | at which use | er can be r | eached when | logae | ed on: 521-02 |
| _ | | ***** | | | | ove nos. |
| | | | | | | |
| Conveya | nces, Stat | e of Hawaii | will not a | urces, Burea ccept liabil ided through | ity f | |
| System | (LCATS) is | for referen | nce and is | ourt Automat reliable but st the actua | not | |
| | ditions as | | | de by all of Administrati | | |
|) Avri Signatu | m.ta. | genera . | Segistrar o | unhanz f Conveyance | S | |
| - | | | | | | |
| 5/22 | 192 | | 6-1-9 | 12 | | 303151 |
|)ate | • • | Ī |)ate | | | |

| Name | JENNY KI | | | | |
|--|---------------------|-------------------------|----------------------------|-----------------------------|------------------|
| Street Addres | Div: 650 | ision of I S. King S | and Survey Street, 12th | & Acquisitio Floor | n - Abstract |
| City Hono | (ulu | _State | Hawaii | Zip Code | 96813 |
| Telephone num | oer: Bus | iness (80 | 181 527-53 | 13 Home (|) Unlisted |
| User ID Number | WFB00 | 27 | - | | |
| User ID (3 cha | aracter m | aximum, f | irst middle | , last initi | als): <u>JSK</u> |
| Password (8 c) | naracters | or digit | s maximum): | CHELSEA | |
| relephone numb | er at wh | ich user | can be reac | hed when log | ged on: 527-5. |
| ****** | ***** | ***** | ****** | ******** | ****** |
| The Department Conveyances, S erroneous or i media. | state of | Hawaii wi | ll not acce | pt liability | for |
| The information System (LCATS) Guaranteed and | is for | reference | and is rel | iable but no | t |
| t, the undersi and conditions 13-16-32. | gned, he as stat | reby agre ed in the | e to abide Hawaii Adm | by all of th inistrative | e terms Rules |
| Finny Kiy | lser ser | Reg | Shum Astrar of Co | onveyances | |
| may 26, | 1992 . | | 6-1-92 | | 9094~0 |
| ate / | | Dat | e | | SCIEVE |

| Name | ROBERT LUM | | | |
|---------------------------------|--------------------|---------------------------|-----------------------------|---|
| Street A | ddress65 | vision of I | Land Survey Street, 12th | & Acquisition - Acquisition Floor |
| City | Honolulu | State | Hawaii | Zip Code 96813 |
| Telephon | e number: Bu | siness (808 | 31527-506 | 8 Home (-) |
| User ID | Number WFB00 | 02 | | |
| User ID | (3 character | maximum, f | irst middle, | last initials): RL |
| Password | (8 character | s or digita | s maximum):_ | RCYL |
| Telephon | e number at w | hich user | can be reach | ed when logged on: |
| ***** | ****** | ******* | ******* | ****** |
| Conveyan | | Hawaii wi | ll not accep | s, Bureau of t liability for through electronic |
| System () | LCATS) is for | reference | and is reli | Automated Title able but not he actual documents. |
| I, the unand condition 13-16-32 | itions as sta | ereby agree ted in the | e to abide b Hawaii Admi | y all of the terms nistrative Rules |
| Robert | A Lum e of year | Regi | Saurus Setrar of Co | nveyances |
| <u>5-22</u> | -92 | - nate | 6-1-92 | |

| Subscription Information | |
|---|---|
| Name Thomas T. Miyata | |
| Street Address Div. of Land Survey-Appraisal Branch. | 650 s. King 12+ |
| City Honolulu State Hawai Zip Code | |
| Telephone number: Business ()5234243 Home () | - Charles and the state of the |
| User ID Number WFB0019 | |
| User ID (3 character maximum, first middle, last initia | ils): <u>77/7</u> |
| Password (8 characters or digits maximum): <u>STBTCT</u> | |
| Telephone number at which user can be reached when logg | ed on: <u>523</u> -4243 |
| *********** | ****** |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii will not accept liability erroneous or incorrect information provided through elemedia. | for |
| The information set forth in the Land Court Automated T System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual do | |
| I, the undersigned, hereby agree to abide by all of the and conditions as stated in the Hawaii Administrative R 13-16-32. | terms ules |
| Thomas J. Migato Signature of User Registrar of Conveyances | |
| 8/5/92 8-13-92 Date | 303154 |

| Name STANI | FORD MONJI | | | |
|---------------------------|--------------|-------------|---|-------------------|
| 3.441 | Division | of Land Su | rvey & Acqui | sition - Abstract |
| Street Address | 650 S. Ki | ing Street, | , 12th Floor | |
| | | | | |
| City Honolulu | State | e Hawaii | Zip | Code 96813 |
| | | | ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Telephone number: | Business | (808) 62. | 3-4659 Home | () UNLISTED |
| | | | | |
| User ID Number W | FB0005 | | Part of the second | |
| | | | | Sam |
| User ID (3 charact | er maximus | n, first m | iddle, last | initials): 30/7/ |
| Password (8 charac | | _ | 0/.3 | 501711 |
| Password (8 charac | cters or di | igits maxim | num): (62 | 20624 |
| Telephone number a | | | | Ber 1/15 |
| retebuoue unmper a | it which us | ser can be | reached when | 1 logged on: 465 |
| | | | | |
| | | | | |
| The Department of | Tand and N | takural bar | | |
| Conveyances, State | | | | |
| | | | | |
| erroneous or incor media. | rect infor | mation pro | ovided cuton | in electronic |
| media. | | | | |
| The information se | t forth in | the Tand | Court Autom | tod mitle |
| System (LCATS) is | | | | |
| guaranteed and sho | uld he ver | ified and | inct the sati | iel documents |
| gaaraneeea ana bno | ard he set | .iiieu aya | inst the acti | ial documents. |
| I, the undersigned | l berehu s | aree to al | hida hu all | of the terms |
| and conditions as | stated in | the Hawai | i Administrat | ive Dules |
| 13-16-32. | Jedoca III | CIIC HUNGI, | . Adminizotta | TVC Rules |
| | | | | |
| Shoc Me | | 2 4 | a | |
| | \times | 11/2 | umhus | • |
| Signature of User (| . | Registrar | of Conveyance | es |
| -// | | | | |
| | | | | |
| MAY 26, 1992 | | 6-1- | 92 | 000122 |
| Date / | | Date | | -303155 |
| | | | | |

| ************************************** | ***** |
|---|-----------------------------------|
| USER APPLICATION FORM ************************************ | ****** |
| Name: NEIL T. NAKAMURA | MAY 2 7 1993 |
| Street Address: 2756 Woodlawn Drive, Suite No. 6-201 | nerigias de Carrel lys |
| City: Honolulu State: Hawaii Zip Code: | 96822 |
| Telephone: (Bus.) (808) 988-5422 (Home) (808) 988- | -8048 |
| User FYI No. (2 characters/7 digits) N N 7 4 4 | 8 3 1 6 |
| User ID No. (3 characters maximum) N T N | |
| Password (8 characters or digits maximum) N A K A | M U R A |
| Contact Person: Lyanne A. Hashimoto Tel. No. 98 | 8-8048 |
| ************************************** | |
| of Hawaii, will not accept liability for erroneous or incor information provided through electronic media. | |
| The information set forth in the Land Court Automated Title is for reference and is reliable but not guaranteed and sho against the actual documents. | |
| I, the undersigned, hereby agree to abide by all of the termonditions as stated in the Hawaii Administrative Rules 13- | |
| Zu Zunka | u /2 |
| Signature of User Registrar of Conve | yances |
| May 25, 1993 5-75-93 | |
| Date Date | |
| ************************************ | ***** |
| 1/21 - bent change to slave + al | 303156 |

| Subscription Information |
|--|
| Name Law Offices of Neil T. Nakamura |
| street Address 2756 Woodlawn Drive, Suite 6-201 |
| city Honolulu state Hawaii zip code 96822 |
| Telephone number: Business ()988-5422 Home () |
| User ID Number PRNA 41570 |
| User ID (3 character maximum, first middle, last initials): NTU |
| Password (8 characters or digits maximum): NEL |
| Telephone number at which user can be reached when logged on: |
| ***************** |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| yould Horlinoto lankaca |
| Signature of User Registrar of Conveyances |
| april (30, 1992) MARY 7, 1992 |
| Date 303157 |

| LAND COURT AUTOMATED TITLE SYSTEM (LCATS) USER APPLICATION FORM |
|---|
| Name: Old Republic Title and Escrow |
| |
| Street Address: 900 Fort Street Mall Suite 1000 |
| City: Honolulu State: HT Zip Code: 96813 |
| Telephone: (Bus.) ()531-0226 (Home) () |
| User FYI No. (2 characters/7 digits) Pw 4587778 |
| User ID No. (3 characters maximum) PDW |
| Password (8 characters or digits maximum) W O D D Y |
| Contact Person: Pat Woods Tel. No. 531-0226 |
| |
| ********************************** |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. The information set forth in the Land Court Automated Title System (LCATS) |
| is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawail Administrative Rules 13-16-32. |
| Smuhw- |
| Signature of User Registrar of Conveyances |
| 6-10-93 |
| Date |
| |
| ************************************** |

| Name | PATRICIA | RODOLFICH | | | | |
|----------------|---|--|--------------------------------|--|------------------|--------|
| Street | Address Di | vision of Lan O-South King, | d Survey and | Acquisition | - Document | Sectio |
| | onolulu | State | | Zip Code | | |
| Teleph | one number: | Business (8 | 08) 527-508 | 6 Home (|) | |
| User I | D Number | WFB0017 | anni kantanan kanga da Aramata | | | |
| User I | D (3 charact | er maximum, i | first middle | , last initi | als): PFR | |
| Passwo | rd (8 charac | ters or digit | s maximum): | PAT | | |
| The De | partment of ances, State ous or incor | ************************************** | ıral Resourc [11 not acce | es, Bureau o pt liability | f for | |
| System | (LCATS) is | t forth in the for reference uld be verifi | e and is rel | iable but no | t | |
| I, the and con | nditions as | , hereby agrestated in the | ee to abide e Hawaii Adm | by all of th inistrative | e terms Rules | |
| Signati | ure of User | ⊋ | Sommhar gistrar of C | onveyances | | |
| <u> </u> | 2192 | | -1-92 e | and the state of t | 303159 | |

Eilen Tonahi

527 5052

934500

Pangaho

Ray Higa - 5275502

| | • | | |
|---|---|---------------------------------------|-------------|
| Name EMMANUEL SALES, SE | ₹. | | |
| Street Address 650 S. Ki | of Land Survey & ing Street, 12th F | Acquisition - Negoti loor | ation |
| City Honolulu st | ate Hawaii | Zip Code 9681 | 3 |
| Telephone number: Busine | 88 (808) 527-5304 | Home (808) 677-6 | 837 |
| User ID Number WFB0032 | | | |
| User ID (3 character maxi | mum, first middle | , last initials): E | SS |
| Password (8 characters or | digits maximum): | M14NYS | |
| Telephone number at which | uger can be reac | hed when logged on. | E 7 7 E 7 N |
| ******* | | | |
| | | | |
| The Department of Land and Conveyances, State of Hawa erroneous or incorrect in media. | aii will not acce | pt liability for | C |
| The information set forth | | | |
| System (LCATS) is for refe guaranteed and should be | erence and is rel verified against | iable but not the actual document: | 3. |
| I, the undersigned, hereby and conditions as stated : 13-16-32. | | | |
| Emmanuel D. Belio, S. | Sommer Sommer Son Contract of Contract | have | |
| Signature of User | Registrar of C | onveyances | |
| May 26, 1992 | / | | |
| | 100 -12 3 | | |

| ************************************** |
|---|
| |
| Name: SECURITY TITLE CORPORATION |
| Street Address: Pacific Tower, Suite 1200 1001 Bishop Street |
| City: Honolulu State: HI Zip Code: 96813 |
| Telephone: (Bus.) (808) 521-9511 (Home) () |
| User FYI No. (2 characters/7 digits) <u>S S 4 1 9 4 3 2 3</u> |
| User ID No. (3 characters maximum) s t c |
| Password (8 characters or digits maximum) t i t l e |
| Contact Person: Brad Ishida/Chris M. Tel. No. 521-9511 |
| |
| ******************* |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| |
| Signature of User Registrar of Conveyances |
| May 24, 1993 5-24-93 |
| May 24, 1993 Date Date |
| *********** |
| Change pent 5/21/93 to al fut Dave Whaten |
| 303162 |

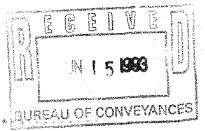
| Name: | I.I. of Howali | |
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| Street A | address: For waterfront that | 120, Suite 300, 500 Hz. Moons \$100 |
| City: | Honolulu state: | HI 2ip code: 98813 |
| Telephon | e: (Bus.) (808) <u>526-357/</u> | (Home) () |
| User PYI | No. (2 characters/7 digits) K | W7205841 |
| User ID | No. (3 characters maximum) I | EH |
| Password | (8 characters or digits maximum) | IIOHI |
| Contact | Person: Kimo Wong | Tel. No. 526-357/ X /20 |
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| is for r | rmation set forth in the Land Cox eference and is reliable but not the actual documents. | ort Automated Title System (LCATS) guaranteed and should be verified |
| I, the u | ndersigned, hereby agree to abide | e by all of the terms and strative Rules 13-16-32. |
| M | 55 | Shunkawa |
| Signatur | e of User | Registrar of Conveyances |
| | 14-93 | 6-15-93 |
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LAND CLURT AUTOMATED TITLE SYSTEM (LCATS) USER APPLICATION FORM

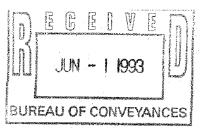
| Name: T. I. of Hawali |
|---|
| street Address: For weterfront Plaza, Suite 300, 500 Ha Moone sluce |
| city: Houelulu state: HI zip code: 98813 |
| Telephone: (Bus.) (\$708) \$26-357((Home) () |
| User PYI No. (2 characters/7 digits) KW7205841 |
| User ID No. (3 characters maximum) <u>T</u> <u>H</u> |
| Password (8 characters or digits maximum) <u>I I O H I</u> |
| contact Person: Kimo Wong Tel. No. 526-357/ X/20 |
| Type of printer we use : crizen 1800 |
| |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified sgainst the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Phis Shunkar |
| Signature of User Registrar of Conveyances |
| 6-14-93 6-15-93 |
| Date |
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| T. I. of Howoii |
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| stres address Four waterfront Plaza, suite 300, 500 Ala Moone 8/1 |
| cary Honolulu state HI zip code: 90813 |
| 508 526-3571 (BERLE) |
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| onesc person: Kimo Wong Tel. No. 526-357/ X120 |
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| Signature of Obor |
| 6-14-93 |
| Date pate |



| ******************* |
|---|
| LAND COURT AUTOMATED TITLE SYSTEM (LCATS) USER APPLICATION FORM |
| ***************** |
| |
| Name: Title Guaranty of Haway Inc. |
| Street Address: 235 Queen St |
| City: Honolulu State: H1 Zip Code: 96813 |
| Telephone: (Bus.) () <u>533-6261</u> (Home) () |
| User FYI No. (2 characters/7 digits) <u>L F 4 4 6 3 3 1 6</u> |
| User ID No. (3 characters maximum) <u>T G I</u> |
| Password (8 characters or digits maximum) B U S R E G |
| Contact Person: Cynthia Nakaya Tel. No. 521-0258 |
| ******************* |
| |
| The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media. |
| The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents. |
| I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32. |
| Cyrthea h. nakay Shrukwa Signature of User Registrar of Conveyances |
| |
| 5-21-93 |
| Date Date |
| |
| ************************************** |

| Name DAISY TSUJI | | | |
|---|--|---------------------------------|--------------------|
| Street Address | Division of Land Surv 650 S. King Street, 1 | ey & Acquisitio 2th Floor | on- Document Secti |
| CityHonolulu_ | State Hawaii | Zip Code | 96813 |
| Telephone number: | Business (808) 523-4244 | 4 Home (808) | 595-6415 |
| User ID Number W | JFB0042 | | |
| User ID (3 characte | er maximum, first middle | , last initial | s):DAT |
| Password (8 charact | ers or digits maximum): | DAISY | |
| Telephone number at | which user can be reach | hed when logge | d on: 523-4244 |
| *********** | ****** | ***** | **** |
| Conveyances, State | and and Natural Resource of Hawaii will not accepted to the contraction and contraction provided | pt liability f | |
| System (LCATS) is f | forth in the Land Court or reference and is reli ld be verified against | iable but not | |
| I, the undersigned, and conditions as s 13-16-32. | hereby agree to abide lated in the Hawaii Adm | by all of the inistrative Ru | terms les |
| Signature of User | 1 Annha Registrar of Co | onveyances | |
| 5/22/92 | 6-1-9> | | 303167 |
| Date | Date | | * V & & V *. |

| Name JANE UES | UGI | | | |
|---|-----------------------------|-------------------------------|--------------------------------|------------------------|
| | | f Land Surve g Street, 12 | y & Acquisition | - Document Section |
| | | Hawaii | Zip Code | 96813 |
| Telephone number: | Business (8 | 508) 527-5076 | Home () | |
| User ID Number WFB | 0024 | | | |
| User ID (3 characte | r maximum, | first middle | , last initials | s): JTU |
| Password (8 charact | ers or digi | ts maximum): | FUNIFUNI | |
| Telephone number at | which user | can be reac | ned when logged | d on: <u>527-</u> 5076 |
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| The Department of L. Conveyances, State erroneous or incorremedia. | of Hawaii w | ill not acce | pt liability fo | |
| The information set System (LCATS) is for guaranteed and shou | or reference | e and is rel | iable but not | |
| I, the undersigned, and conditions as sal3-16-32. | hereby agre tated in the | ee to abide e Hawaii Adm | by all of the tinistrative Rul | terms Les |
| Sand J. Ulsug Signature of User | <u> </u> | Sommer of Co | ast onveyances | |
| 5/26/92 Date | | | | 03168 |

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|----------------------|--------------------|-------------|---|---------------------------|------------------------|
| | SHARON UME | 201-1-10- | of Land Surve | ey & Acquisi Orh Floor | tion- Abstrac |
| | | | Hawaii | | |
| Telephone | number: B | usiness (8 | 08 <u>) 527-533</u> 3 | Home (| 1 Unlisted |
| User ID N | umber W | FB0028 | | | |
| User ID (| 3 character | maximum, | first middle, | last initi | als): 6ML |
| Password | (8 characte | rs or digit | s maximum): | ADEMUSSE | <u> </u> |
| Telephone | number at | which user | can be reach | ed when log | ged on: <u>527-5</u> 3 |
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| erroneous media. | or incorre | ct informat | lll not acception provided | through el | ectronic |
| System (L | CATS) is fo | r reference | ne Land Court and is reli led against t | able but no | t |
| | | | e to abide b Hawaii Admi | | |
| haran 1 Signature | n Umeda of User | Reg | Shurh Vistrar of Co | nveyances | |
| 5/22/9 Date | } | | 6-1-92 e | | 303169 |

DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

SECURITY LEVEL 9 (Public Access/Print)

| EMPLOYEE | CORPORATION | I.O. | PASSWORD | ACCOUNT | PHONE |
|---------------------------------|------------------------------|---------|-------------------|------------------------|----------------------|
| Charles Hill Theone Fujii | FYI First American | TCT | Milianu WINGWO | TEST MTTR59£78 | 586-4640 524-4050 |
| Pat Woods Guy Inouye/F LaMadrid | Founders Title Long & Melone | PDW LAM | WOODY LMTITLE | SWTM17596 PVWL00444 | 536-0842 526-6145 |
| Cynthia Nakaya | Mitle Guaranty | TG | TG1 | 7 | 533-6261 |
| Jerry | ⊶ Fitle Guaranty | TG | TG2 | / | 533-6261 |
| Cordell Bishop | ≁irst Hawaii | FHT | FHT | PS9R50060 | 943-0244 |
| David W Daignault | ₽I Hawaii | TIH | 3414HIT | MS/773414 | 526-3571 |
| Brad Ishida | Security Title | STG | HALMEIWA Tikle | 8972001 | 521-9511 |

DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

SECURITY LEVEL # 9
(Public Access/No Print)

EMPLOYEE CORPORATION I.D. PASSWORD ACCOUNT PHONE

Jon Seavey Imperial Hawaii IHR 1217 JCS1217 923-1827

EMPLOYEE

DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

COMPUTAB LCATS CONTRACT

| + | (Agency Acces | ss/Print) | |
|-------|---------------|---|-------|
| ID | PASSWORD | | |
| | • | | |
| AC | DPREPAC | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | |
| REL | DPREPREL | | |
| PCH | DPREPPCH | | |
| SHM | DPREPSHM | | |
| MPM . | DPREPPUA | | |
| CPN | DPREPOEL | 547-5005 | pager |

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5475023/547-5028.

Debbie M Yamamoto

> 1 AM Corenil C Grand

Arlene Cajulao Reyna L Espiritu Patricia C Horiuchi Sharon H Miyashita Muilang P Mulligan

Celine P Niau

Ana Salakielu

Kathi L Oshiro

11-18-91 Mamie LPA MLP

THW

KLO

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DPREPAS

DPREPDMY

DPREPTHW

DPREPERG

HN WAIHEE



RUSSEL S. NAGATA

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

SURVEY DIVISION
P. O. BOX 119
HONOLULU, HAWAII 96810

FILE NO.

March 6, 1992

Memorandum

To:

Sandra Furukawa, Registrar

From:

Paul T. Nuha, State Land Surveyor

Subject:

Usage of the LCATS Database

LNRE

Thank-you for your quick response to our request for access to the Hawaii FYI LCATS database memo. As per your conversation with Wilfred this is the information that you have requested.

Hawaii FYI: WQPM 12035

Account #: 000020362001

User ID:

FETHIN WKA

Password: I

LNDCRT

Again if you have any further information or need to revise the information supplied feel free to call Wilfred Aona, Jr. at 586-0394 or 586-0380.

PAUL T. NUHA State Land Surveyor



RUSSEL S. NAGATA

STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

SURVEY DIVISION
P. O. BOX 119
HONOLULU, HAWAII 96810

March 6, 1992

FILE NO.

Memorandum

To:

Sandra Furukawa, Registrar

From:

Paul T. Nuha, State Land Surveyor

Subject:

Usage of the LCATS Database

We would like to request permission to access your LCATS Database currently on the Hawaii FYI. We have a Northern Telecom Multistandard Videotex terminal and we would like to use this terminal to access the Hawaii FYI and more particularly LCATS.

Melvin Masuda and his team of workers need to research the TCT's and current owners of properties in the process of checking the Land Court and File Plan maps which are recorded in Land Court and your office, the Bureau of Conveyances. We feel that it would help us in the checking and expediting the plan check process if we could have access to your LCATS database.

We would appreciate your consideration in this matter. Should you have any questions feel free to contact Wilfred Aona, Jr. at 586-0394 or 586-0380.

PAUL T. NUHA State Land Surveyor

BUREAU OF CONVEYANCES

0/6/92. Wilfred will son he co for and H, IDH, Penneral

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DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

SECURITY LEVEL 6 (Receiving Supervisions)

EMPLOYEE

DEPARTMENT I.D. PASSWORD PHONE

DEPARTMENT OF LAND AND NATURAL RESOURCES. DIVISION: BUREAU OF CONVEYANCES

> SECURITY LEVEL 7 (Government Agency/No Print)

EMPLOYEE DEPARTMENT I.D. PASSWORD PHONE JO1 Jo1LCATS 548-6423 Land Court LCATS Judiciary

> DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

> > SECURITY LEVEL 8 (Government Agency/ Print)

CORPORATION I.D. PASSWORD PHONE EMPLOYEE 7-1855 Julia P. Duarte Transportation JPD DOTABS

Land Management

DEPARTMENT OF LAND AND NATURAL RESOURCES DIVISION: BUREAU OF CONVEYANCES

SECURITY LEVEL 7 (Agency Access/Print)

EMPLOYEE

DEPARTMENT

I.D. PASSWORD

PHONE

LCATS Judiciary

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Av. i

Land Court Transportation JPD DOTAGS Land Management

#SLCATS JQ1

548-6423 548-3078/548-7527